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ABSTRACT

A critical component in the provision of services to young children (birth through age 5) is an effective system for identifying and referring children and their families, who may be eligible for early intervention or special education.This report provides a synthesis of current practice in establishing "child find" services in local communities. Few research studies have been conducted to evaluate the impact and successful referral of eligible children through the service system. Rather, most articles to date have documented the procedures local communities, schools or clinics have used to encourage families to participate in a screening program. The challenges specific to increasing the participation of families whose first language is not English are addressed, as well as recommendations for creating greater awareness of services in the community for young children with disabilities. The report includes extensive references, an annotated bibliography, and a list of available resources from the CLAS Web site. (Author/SG)

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Technical Report #8

Child Find, Screening, and Tracking: Serving Culturally and Linguistically Diverse Children and Families

Shireen Pavri
Susan A. Fowler

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Shireen Pavri
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May 2001

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A critical component in the provision of services to young children (birth through age 5) is an effective system for identifying and referring children and their families, who may be eligible for early intervention or special education. This article provides a synthesis of current practice in establishing "Child Find" services in local communities. Few research studies have been conducted to evaluate the impact and successful referral of eligible children through the service system. Rather, most articles to date have documented the procedures local communities, schools or clinics have used to encourage families to participate in a screening program. The challenges specific to increasing the participation of families whose first language is not English are addressed, as well as recommendations for creating greater awareness of services in the community for young children with disabilities.

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Introduction

Meisels (1991) wisely stated that "early intervention clearly requires early identification" (p.26). Child find is the first step in identifying children who might have special needs and could benefit from early intervention services. Bondurant-Utz (1994) defines child find as "the systematic process of identifying infants and young children who are eligible or potentially eligible for enrollment in early intervention programs" (p.143). These activities are targeted at identifying three groups of children: children diagnosed as having a disability, children who are suspected of having disabilities, and children who are biologically or environmentally at-risk of developing a disability (Scott & Hogan, 1982).

Identifying young children with developmental delays or at risk for such delays is a challenge in today's society. Child find activities are voluntary, and not all families who have children with special needs participate in these activities. A family's perception of what constitutes a disability or risk for disability may vary widely (Harry & Kalyanpur, 1994). The extent to which health, service, and educational agencies refer children and families for assessment and screening for early intervention services may also vary, based on the provider's awareness that screening services exist or that appropriate services are available for eligible children. Increasing public awareness of what constitutes a developmental delay and services that may be available for children with delays and their families are an important element of child find activities (Berman & Melner, 1992; Edmunds, Martinson, & Goldberg, 1990).

It is not clear if all young children eligible for early intervention or preschool services are being identified (See 1995 Office of Special Education Programs' 18th Annual Report to Congress for details). The reauthorization of the Individuals with Disabilities Education Act in 1991 (Section 303.1, PL 102-119, October, 1991) attempted to remedy this situation and to address the increasing cultural and linguistic diversity of the population by passing a statutory requirement that states make efforts to reach populations that have typically not been involved in early intervention services. The final

Child find is the first step in identifying children who might have special needs and could benefit from early intervention services.

States are required to provide an assurance "that policies and procedures have been adopted to ensure that traditionally underserved groups including minority, low income, inner city, and rural families, are meaningfully involved in the planning and implementation of all the requirements of Part H; and that these families have access to culturally competent services within their local geographic areas."

regulations related to early intervention and child find activities that resulted from this reauthorization were released on July 30, 1993. These regulations, as cited in Bernstein and Stettner-Eaton (1994), require states to serve "traditionally underserved groups." States are required to provide an assurance "that policies and procedures have been adopted to ensure: (a) that traditionally underserved groups including minority, low income, inner city, and rural families, are meaningfully involved in the planning and implementation of all the requirements of Part H; and (b) that these families have access to culturally competent services within their local geographic areas" (p.2).

The purpose of this technical report is to address the extent to which current child find and child tracking procedures are responsive to families and children from culturally and linguistically diverse populations. The report describes present practices, and recommends practices in child identification. Thus early intervention services for families from culturally and linguistically diverse backgrounds can better be provided.

Child Find Practices

Communicating with Primary Referral Sources

Critical targets of child find activities include medical personnel such as pediatricians, child health care workers in neonatal intensive care units (NICUs), and community health clinics; and non-medical referral sources including families, Head Start teachers, day care providers, and social service agencies. Federal legislation mandates that the lead agency for early intervention services in every state must disseminate information on early intervention services to all primary referral sources (Berman & Melner, 1992). This information is necessary to increase awareness among those persons who most frequently come into contact with the child of atypical development patterns. Such information also provides a roadmap for securing needed services and getting the assessment process started.

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Medical Referrals

Pediatricians are often the first professionals in a position to refer children for early intervention services. In an article informing pediatricians about child find activities and legal requirements, Solomon (1995) discusses four activities that pediatricians could use in identifying children who may be at-risk.

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Developmental surveillance is most widely used, but can be supplemented by information obtained through screening or pre-screening activities. If the child is determined to be at-risk, a more thorough assessment is recommended.

He advocates caution in using screening tools, which are usually in a questionnaire format, since they require the respondents, who are usually the parents, to have a certain level of literacy skills.

Solomon (1995) suggests that having a high school diploma increases the validity of responses on these questionnaires. Some parents from culturally and linguistically diverse backgrounds, however, might need an interpreter to translate these screening questionnaires for them.

Pediatricians also are likely to be the professionals who inform the family about the possibility of their child having a disability and preparing families for the early intervention system. This task has tremendous implications for culturally sensitive practice, as perceptions of disability and coping patterns have been found to differ among parents of different cultural groups (Groce & Zola, 1993; Harry & Kalyanpur, 1994). Solomon (1995) suggests the following techniques for pediatricians in preparing families for early intervention:

1. Be honest and explain in clear and simple language your diagnostic concern,

2. Be sensitive to and care about parents' feelings by listening to them,

3. Be knowledgeable about early intervention, and

4. Offer to become a partner with the family.

Medical personnel other than pediatricians participate in the early identification process. Lequerica (1995) described a prevention program in an outpatient pediatric clinic that offered screening and referral services to low income Latino families in an inner city. The screening program included an interview/play session with the preschooler, an observation of the child's behavior with family members, the administration of the Denver Developmental Screening Test (Frankenburg, Dodd, & Fandell, 1981), and the mother's reports on child behavior, current functioning and developmental history. When necessary the psychologists used the Diagnostic and Statistical Manual of Mental Disorders, (3rd edition, revised) (American Psychiatric Association, 1987) to form a diagnostic impression of the child. Seventy percent of the 52 families served by the clinic, and who agreed to participate in the study, received public assistance. Sixty percent of the mothers in these

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families spoke only Spanish. Additionally, only 21% of them had completed high school. Referrals were made depending on the severity of the delay and the child's age. A full evaluation at the developmental unit of the hospital was recommended for children who were severely delayed. An immediate on-the-spot referral was made to the hospital, with the pediatric psychologist walking the family over to the evaluation center, and initiating an introduction between the family and the bilingual/bicultural intake worker.

Lequerica (1995) reported that most children screened at the clinic were referred to Head Start programs if they were between 2 years 9 months and 4 years 2 months of age. The professionals at the clinic were actively involved in making personal contacts with Head Start programs. Many families attending the clinic had not been aware of the availability of preschool services. Others had either a fear of separation from their children, or a negative impression of schools and day care centers based on media exposes of sexual abuses in these settings. Yet, when the option of preschool placement was presented and explained to the families, all 20 age-eligible families accepted the referral to Head Start programs. Fourteen children continued to attend the Head Start programs; however outcomes remained unknown for the remaining six children since the author was unable to maintain contact with their families (Lequerica, 1995). This high rate of follow-through on referrals indicates that the program was culturally competent.

In another study investigating early identification in city settings, Brinker, Frazier, Lancelot, and Norman (1989) studied the developmental follow-up rate of infants suspected to be at risk for developmental disabilities. The authors investigated follow-up in health care establishments (hospitals and well baby clinics) because of the exceptional ability of these institutions to maintain regular contact with infants and young children prior to school enrollment.

The number of infants evaluated at least once after discharge from NICUs was found to be higher in suburban areas as compared to urban areas. While 57% of the 11,900 infants discharged from the NICUs of the four suburban hospitals in the study received follow-up services, only 26% of the 23,500 infants discharged from the six hospitals in urban areas were in follow-up. Although it is possible for inner city hospitals to obtain a developmental follow-up rate as high as 80%, as was evidenced in one of the inner city hospitals in the study, that hospital was unique in its use of regionalized perinatal centers that aggressively monitored the development of infants discharged from their NICU using publicly available funds.

The developmental screening conducted by health clinics was also lower in urban as compared to suburban areas (though details of numbers of children screened in the two settings are not provided by the authors). These findings led the authors to conclude that the geographical residence of the child influenced their access to the developmental

follow-up activities. Children born in the inner city, although most in need of developmental monitoring and intervention, oftentimes did not receive these services (Brinker et al., 1989).

Non-Medical Referrals

Agencies like day care and early education centers that come into contact with the young child also serve as referral sources. These personnel are in an advantageous position to spot developmental delays. Having a ready comparison group of same-age children facilitates identification of children who are developing at a faster or slower rate than their peers.

Factors other than place of geographical residence influence early identification of developmental delay in children. Multiple risk factors are identified by Sinclair (1983) in a study identifying the special needs of children attending Head Start. Sinclair (1993) described a combined project involving a Los Angeles-based Head Start program and the staff at the University of California at Los Angeles. The 159 children attending this program, who were evaluated for possible developmental delays, were from mixed ethnic backgrounds (78% Hispanic, 20% African American, 7% European American/ other). All children in this program were screened and children were classified as being at-risk in three areas: 1) home/ family background, 2) speech and language problems, and 3) developmental or medical problems. Individualized Educational Programs were developed for each child needing special services, and arrangements were made to continue services when the child was ready to leave the program. These continuing services included ongoing assessment, recommendations for future treatment, exit interviews, and transferring the child's files to future academic settings.

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Furthermore, the severity of a child's disability impacts both the age at identification and whether the diagnosis is made by a physician or an educator. Severity of the disability is a more salient predictor of early identification than the child's socio-economic status or geographic site of residence. Palfrey, Singer, Walker, and Butler (1987) conducted a large study on early identification across five metropolitan communities in the United States sampling 1,726 children. Parents of children with diagnosed disabilities were interviewed over the telephone, either in English or Spanish, to learn about their child's diagnosis. Low prevalence disorders were diagnosed before the age of 5 years (85% of the time), and this diagnosis was often made by a physician. High prevalence disorders on the other hand were more likely to be made after the age of five years, and school personnel were more likely to make this diagnosis. Only 25% of mild disabilities were diagnosed by physicians, and only 21% of high prevalence disabilities were identified prior to age five.

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Additionally, there was some evidence of socio-economic bias in identification of children with special needs. Low incidence disorders were found to be identified earlier in European American and high income families (Palfrey et al., 1987). In the same study, children were also identified earlier if their mothers had a higher education. Contrary to Brinker et al.'s (1989) findings, there was no effect of geographic site on early identification, suggesting that children living in different metropolitan areas had equal opportunities for early identification. An important distinction between the two studies was that while Palfrey et al. (1987) investigated early identification services across different metropolitan areas, Brinker et al.'s (1989) study compared services in urban versus suburban areas.

Families have different levels of tolerance and concern regarding what is considered to be a developmental delay, and this influences the extent to which families are willing to seek out early intervention services.

Parental Self-Referrals

Families are most likely to know when their children are not developing as expected. Research reveals that most families are fairly accurate sources of information about their children's developmental patterns (Squires, 1996). However, it is important to obtain data from multiple information sources so as to identify the multiple risk factors that could impact child development (Green & Payne, 1988; Henderson & Meisels, 1994).

Families have different levels of tolerance and concern regarding what is considered to be a developmental delay, and this influences the extent to which families are willing to seek out early intervention services. Several factors including cultural and social values, beliefs about child rearing and family membership, conceptions of wellness and disability, educational and socio-economic background, an awareness of typical development, as well as knowledge about availability of services influence whether or not the family will seek out early intervention services (Bondurant-Utz & Luciano, 1994). Furthermore, a family's early experiences with service providers may impact their desire to seek out services or maintain continued participation (Meisels & Provence, 1989).

Several organizations and state departments have published guides and brochures for parents to inform them about their legal rights and the procedures involved in identification, evaluation, and placement if they suspect their child has a disability. These guides have also been translated into different languages including Spanish, Chinese, and French so as to reach a wider audience (e.g., New York State Education Department, 1986).

Cultural Inclusion in Child Find Activities and Programs

Certain steps characterize most child find programs, as evidenced in sample guidelines and technical assistance documents put out by state departments of education. These activities relate to building public awareness of disabilities, identification and referral of children needing services, and the identification of children and youth not receiving services (Kentucky State Department of Education, 1991). Bourland and Harbin (1987) discuss the following ten components of comprehensive child find programs: definition of target population, coordination, financial resources, public awareness, referrals, screening and prescreening, data management and tracking systems, case management, diagnostic assessment, and trained personnel. There is a need for collaboration among different state and local agencies to meet these components. Published documents in the area of early identification provide suggestions for child find activities, yet for the most part offer few suggestions for culturally and linguistically sensitive practice.

One study investigates the way in which state interagency coordinating councils for early intervention services are addressing the participation of culturally and linguistically diverse groups in child find activities. Bernstein and Stettner-Eaton (1994) used open-ended telephone interviews to question 35 members of 28 different state and local Interagency Coordinating Councils (ICCs) across seven states (Colorado, Illinois, Kansas, North Carolina, Michigan, South Carolina, and Texas). All seven state level coordinators were interviewed. Other ICC members were selected based on their knowledge about child find activities, and their representation of urban, suburban, and rural areas in the seven states. They were also interviewed about strategies being implemented to improve program participation of culturally and linguistically diverse groups. Interview questions inquired about public awareness campaigns, which groups were considered hard-to-reach, and the involvement of culturally diverse groups in policy decisions related to child find or public awareness programs.

Published documents in the area of early identification provide suggestions for child find activities, yet for the most part offer few suggestions for culturally and linguistically sensitive practice.

A majority of the 35 respondents (82%) stated that members representing different ethnic, cultural, and linguistic groups were included on their state and local councils. Twenty three of the 28 ICCs had representatives from diverse ethnic, linguistic, or cultural groups. The remaining five were all-European American councils. Fifteen of the 35 people interviewed described the ethnic composition of their ICCs. Of these, 10 mentioned having African American members, 8 mentioned Hispanic members, and 3 mentioned Native American members. Asian and Amish groups were not represented on the councils.

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Bernstein and Stettner-Eaton (1994) also questioned the ICC coordinators and members about which groups in their communities had remained traditionally underserved. There were variations in responses related to which groups were hard-to-reach. The groups identified as being hard-to-reach varied in terms of ethnic background, geographic residence, and career and lifestyle differences. Groups reported as being hard-to-reach included Hispanic, African-American, Native American and Asian-American groups.

It is possible that members of these diverse groups approach early intervention services with a philosophy that differs from that of the dominant, mainstream viewpoint, and members of these ethnic groups are therefore more resistant to initiating contact with service providers.

Persons residing in rural areas and migrant families were also reported as being hard-to-reach. Families that were functionally illiterate, having low incomes, those not able to speak in English, and families considered to be at-risk for other reasons were also reported as being traditionally underserved. Families in military installations were another group reported as remaining underserved (Bernstein & Stettner-Eaton, 1994).

Reasons reported in the study for why these groups were hard-to-reach included: services were not affordable and families needed transportation and child-care (Bernstein & Stettner-Eaton, 1994). It is also possible that members of these diverse groups approach early intervention services with a philosophy that differs from that of the dominant, mainstream viewpoint, and members of these ethnic groups are therefore more resistant to initiating contact with service providers. Furthermore, families employed in certain careers, such as the military, may be resistant to securing services for their child who has special needs, since word of their child having a disability may adversely affect their career growth.

In the same study by Bernstein and Stettner-Eaton (1994), the strategies reportedly used by ICCs to reach these traditionally underserved populations included using ICC members as liaisons between families of children with disabilities and the community. ICC members also established parent support groups, conducted in the native language of the family, and at a location convenient to the family. Community leaders were educated about early intervention and their help was sought in reaching the targeted families. Other outreach activities included contacting medical providers in the community and giving them information about early intervention services (Bernstein & Stettner-Eaton, 1994).

Screening and Tracking as Components of Child Find

Child find activities include screening procedures which serve as the first step in identifying children at risk for developmental delays, and tracking procedures that are used to monitor the development of children identified as being at risk. Screening has been defined as the application of a simple, accurate method for determining which children in the population are likely to be in need of special services in order to develop optimally (Dumars, Duran-Flores, Foster, & Stills, 1987). Screening procedures are quick and relatively inexpensive, and usually provide a gross index of a child's functioning and suggest parameters of the delay. Children appearing to have delays are referred for a more detailed assessment.

Critics have questioned the accuracy of screening measures in identifying children with delays. In an attempt to enhance the test-sensitivity of screening instruments, which often result in either over-identification or under-identification of children, some professionals have recommended the use of developmental surveillance techniques (Dworkin, 1989; Solomon, Clougherty, Shaffer, Hofkosh, & Edwards, 1994). Developmental surveillance is a monitoring system that requires skilled professionals to observe children during routine child health care visits and to listen carefully to parents' complaints regarding their child's development, watching for early signs of developmental lags or potential delays. Being broader in scope and more flexible in implementation than screening or prescreening activities, developmental surveillance facilitates early detection of disabilities.

Developmental surveillance is a monitoring system that requires skilled professionals to observe children during routine child health care visits and to listen carefully to parents' complaints regarding their child's development, watching for early signs of developmental lags or potential delays.

This technique is particularly useful for pediatricians and other child health care workers who do not have screening tools readily available in their work settings (Solomon et al., 1994). Developmental surveillance might also emerge as a viable alternative for use with children from culturally and linguistically diverse backgrounds who maintain contact over time with the same health care provider. This approach may be more responsive to the parents' reports of their child's progress, than screening tools which are often not normed on diverse populations, and which may provide

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SCREENING AND TRACKING AS COMPONENTS OF CHILD FIND

inaccurate, and perhaps alarming predictions regarding development.

To ensure continuity of services, it is important for agencies to keep records on children who are at-risk for developmental delays. Child tracking is a system for providing continuous monitoring of the developmental progress of children who are thought to be at-risk of manifesting developmental difficulties (Blackman, 1986), and may be eligible for early intervention services in the future. Tracking programs monitor the child's development by either sending monitoring instruments to the parents who fill them out and return them by mail, or through administration of instruments during regularly scheduled clinic visits or home visits with the child.

Unfortunately, there are several complications that make it difficult to accurately track all children who are at-risk for delays. Jens and Gordon (1991) offer some reasons for these difficulties, which include poor predictive validity of measures of early development, the lack of a clear-cut and commonly accepted definition of risk, and limited resources which restrict accurate data-recording.

Problems with child-tracking are likely to be compounded in agencies serving low-income families who live in inner city neighborhoods (Brinker, Frazier, Lancelot, & Norman, 1989; Lequerica, 1995). Brinker et al. (1989) conducted a preliminary study of service utilization in inner city Chicago, a setting described by the authors as being characterized by "chronic patterns of poverty, adverse child-rearing conditions, school failure, teen pregnancy, unemployment, and crime" (p.50). It was concluded that infants born and growing up in these settings were the most likely to be overlooked for early intervention services, even though they might be the most deserving of these services.

Brinker et al. (1989) identified several variables that made child tracking difficult in families from economically depressed communities. These included difficulty in establishing contact with the families due to frequent changes in address or telephone numbers, parental resistance often related to a family's struggle for survival and lack of time or energy for securing intervention services for their children, and absence of community resources for timely developmental evaluations in the existing diagnostic facilities.

Additional barriers to serving young children in economically depressed settings were identified by Lequerica (1995). She identified the high volume of patient visits in already crowded inner city hospitals, lack of physicians with specialized skills needed to diagnose unusual conditions, and lack of bilingual workers to provide adequate translation as additional obstacles to serving at-risk populations. Finally, Lequerica (1995) also noted that the providers' poor knowledge of community services such as Head Start compound the problem of referral to suitable agencies when children with risk factors are identified.

Culturally Appropriate Screening and Tracking

Screening

Great care needs to be taken in selecting appropriate screening tools to avoid over-identification or under-identification of children (Bondurant-Utz, 1994; McLean, 1996). Screening instruments must be culturally validated and contain reliable measures that are accurate in identifying children at-risk for delays. With the exception of a few measures (Alberts, Davis & Prentice, 1995), most commonly-used screening tools are not normed on diverse populations, although they continue to be used for early identification of children from diverse populations. Oftentimes, tools are translated into different languages or an interpreter is used. However, there are several concerns which must be understood when using translators. Accurate translation might be influenced if there are dialect differences between the interpreter and client, or if the interpreter is not equally fluent in both languages (Sattler, 1988). The level of difficulty and meaning of words may change as a result of translation, thus influencing significantly the outcome of the screening (Sattler, 1988).

Parents are widely used informants in screening young children because they are the most familiar with their children's strengths and areas of delay (Green & Payne, 1988). Squires (1996) suggests alternative reasons for using parents as information sources for screening purposes. These include the legal mandate for parental involvement, cost-effectiveness of using parental informants, and because parental knowledge of their child's development increases as a result of participating in screening and child find activities. The problem of illiteracy among family members may be counteracted by using home visitors or other professionals who can assist the parents in answering the screening questionnaires. Questionnaires are also accessible to families living in rural or geographically remote areas, as they can be mailed to them (Squires, 1996).

The accuracy of parental reports is a question that has often been raised (Green & Payne, 1988; Squires, Bricker, Lamorey, & Potter, 1993). Individual and cultural differences among families may result in one family viewing their child's behavior as typical and another family viewing comparable rates of development as alarmingly atypical. Citing legal requirements for parental participation, and familiarity of parents with their child's development, Green and Payne (1988) make a strong case for including parental information in making identification decisions. These authors reviewed several studies investigating the accuracy of parental information, but the contradictory findings from these studies resulted in their not being able to make any conclusive statements about the accuracy of parental report. Meanwhile, Squires et al. (1993) found that

Screening instruments must be culturally validated and contain reliable measures that are accurate in identifying children at-risk for delays.

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for the most part, even high-risk parents with normal cognitive skills were able to provide accurate and useful information about their children, and this information correlated well with information obtained using the Bayley Scales of Infant Development (Bayley, 1969).

The accuracy of screening procedures is increased by using multiple data sources, including observations, interviews with caregivers, and direct assessments of the child.

Clearly, the accuracy of screening procedures is increased by using multiple data sources. These would include observations, interviews with caregivers, and direct assessments of the child. Direct assessment in conjunction with parental reports is widely used in home-visiting programs, protective service agencies, health and primary care settings, teen parenting and preschool programs (Hanson & Lynch, 1995; Henderson & Meisels, 1994; Squires, 1996).

The convenience and appeal of screening programs are critical factors to consider when reaching out to traditionally underserved populations. An innovative child find model was described by Solomon, Clougherty, Shaffer, Hofkosh, and Edwards (1994), in which trained child development specialists were placed in pediatrician's offices. This model proved to be cost-effective and it helped train physicians and pediatric residents about early intervention services, while providing accurate developmental screening services to children and families at a convenient location. In response to a follow-up satisfaction survey about the program's effectiveness, a majority of the 25 parents polled claimed that the screening experience was both positive and informative. Similarly a majority of the 29 health-providers surveyed stated that the services were easy to access, provided satisfactory information, and enhanced their understanding of the early intervention system. This program also saved the county a large amount of money, since the screenings resulted in a reduced need for the costlier multi-disciplinary evaluations.

In another screening program called Child Development Days, professionals from education, public health, social services, and child care collaborated in informing families about early intervention services and available community resources (Wright & Ireton, 1995). The mass media was used to spread the word about the program, and families seeking services brought their child to the community-based site (e.g., church reception halls, community halls and arenas, and school auditoriums or gyms) for screening. Parents participated in a community resources fair which increased awareness of typical child development and early intervention resources and services available in the community. Such programs are viable alternatives in culturally and linguistically diverse communities.

McLean (1996) recommends following three criteria to provide culturally appropriate and effective screening programs: (a) use of multiple sources of information; (b) provision of family-centered services; and (c) an evaluation of

screening programs to allow for modifications and revisions.

Persons involved in screening children from culturally and linguistically diverse backgrounds are urged to rely on several different sources of information to obtain a wholistic picture of the child's development. These sources include direct observations of the child's behavior in natural settings, obtaining information from parents and other care providers about present functioning levels, and the use of appropriate standardized and performance-based assessments. Family members should be active participants in the screening process, and should be made aware, in advance, of the steps involved in screening as well as the potential outcomes of the screening process.

Tracking

Tracking is the process of monitoring the development of children identified as being at-risk for developmental delays. Stressing the need for cultural sensitivity in the tracking process, McLean (1996) states that "sensitivity to cultural variations and differences among families is critical for a successful tracking program whether services are home-based or provided at a distance" (p. 103).

Family members should be active participants in the screening process, and should be made aware, in advance, of the steps involved in screening as well as the potential outcomes of the screening process.

Parents play a critical role in the tracking process, either serving as respondents on monitoring tools, or by taking their children to clinics or hospital settings for follow-up assessments and evaluations (McLean, 1996). Parental attitudes regarding their child's disability, and their beliefs about the resources they need to promote their child's development, are factors that influence the family's responsiveness to the early intervention system (Brinker et al., 1989).

Recommended Practices Related to Child Find, Screening, and Tracking

Although the Division of Early Childhood (Council for Exceptional Children) has not developed specific guidelines for best practice in child find and related procedures such as screening and tracking, researchers, service providers, and professional agencies have made recommendations about best practices for early identification of developmental delay. This section broadly discusses these suggested best practices, focusing particularly on those practices that relate to serving families from culturally and linguistically diverse communities.

RECOMMENDED PRACTICES RELATED TO CHILD FIND

Best Practices in Increasing Public Awareness of Early Intervention Services

Public service announcements regarding child find can be made in local newspapers (in the language of the readership) and can be broadcast on the television and radio, as well as posted in schools, stores, public transport vehicles, and other places. Promotional items which bear the names and telephone numbers of community resource agencies also can be distributed among the community (Berman & Melner, 1992; Kentucky State Dept. of Education, 1991).

Bernstein and Stettner-Eaton (1994) recommend increasing grass-root participation by using interagency coordinating council members as resources to enhance public awareness of early intervention services, and by educating and gaining the trust and support of community leaders.

Bernstein and Stettner-Eaton (1994) recommend increasing grass-root participation by using interagency coordinating council members as resources to enhance public awareness of early intervention services, and by educating and gaining the trust and support of community leaders. These leaders have a working knowledge of the customs and beliefs of the community members and are often connected to families through informal networks. Oftentimes, these leaders are both powerful and respected by their community members, and they can be critical in influencing the family to seek services.

Best Practices in Communicating with Primary Referral Sources

Berman and Melner (1992) surveyed personnel working in early intervention agencies to determine the procedures they used to inform primary referral sources about their services. They arrived at the following suggestions for effective practice based on the 30 responses they received:

1. Communication from early intervention programs to medical/health personnel. Tips for working effectively with these personnel include having respect for the time of health professionals, understanding the culture of the health care system, and maintaining ongoing communication with them.

2. Communication from early intervention programs to other primary referral sources. Recommendations include making full use of community resources to provide access for first level screening activities, using community-based sites like neighborhood grocery stores and restaurants for screening purposes, using Family Resource Coordinators to assist families in accessing child find, evaluation and assessment, as well as providing transportation for families to come to screening centers.

3. Communication from agencies and primary referral sources to families. Strategies to reach traditionally underserved families involve use of the media, public announcements on radio and television in the parents' native language, posting messages in public

buses and on walls, giving away free baby kits and attractive novelty items like developmental wheels, magnets, pencils, and puzzles with telephone numbers of early intervention services.

4. Effective communications with primary referral sources. Singular approaches are less effective than combination approaches in receiving consistent referrals. Insensitivity to time constraints and the culture of the system invites resistance from physicians or child care workers. For instance, the best time to talk to child care workers is during "nap time" when staff can more easily focus on the task at hand. It also is critical not to overlook the cultural diversity in a community and the range of organizations that should be involved in early intervention activities (e.g., the clergy, child advocates, community leaders, and parent-support groups). This facilitates reaching traditionally underserved populations and obtaining referrals from families whose children may be most in need of services.

5. The need for feedback. To determine what was effective, families need to be asked about how they heard of the early intervention services. Monitoring the use of child find and public awareness materials and gathering feedback about the child identification process is suggested.

Training staff who work in early intervention facilities about culturally appropriate practice is likely to enhance the probability that families will seek their services and be more satisfied. Lequerica (1995) also stresses the need for interagency collaboration and coordination of services in serving low-income families. Linkages between medical, educational, and developmental settings makes it easier for clients to receive services and facilitates their continued participation in early intervention programs. A bilingual and bicultural worker familiar with cultural systems and informal norms of a cultural and linguistic group could serve as a cultural consultant, advocate, and liaison between the families and service agencies, and may be better able to relate to families who speak a different language (Lequerica, 1995).

Training staff who work in early intervention facilities about culturally appropriate practice is likely to enhance the probability that families will seek their services and be more satisfied.

Best Practices in Enhancing Cultural Sensitivity

Roberts (1990) describes a program as being culturally competent when the program has the "ability to honor and respect those beliefs, interpersonal styles, attitudes, and behaviors both of families who are clients and

Roberts (1990) describes a program as being culturally competent when the program has the "ability to honor and respect those beliefs, interpersonal styles, attitudes, and behaviors both of families who are clients and the multicultural staff who are providing the services."

RECOMMENDED PRACTICES RELATED TO CHILD FIND

the multicultural staff who are providing the services" (p.1). Culturally competent practice in the area of child find requires professionals to individualize all procedures to make them appropriate for the specific child and family being served (Anderson & Goldberg, 1991).

Several themes seem to emerge from the literature regarding the provision of services to young children with special needs who are from culturally and linguistically diverse backgrounds. Although there are fewer guidelines related to providing culturally and linguistically appropriate child find services, several agencies have developed guidelines for screening purposes.

Based on information obtained from interviews with a parent and three early intervention professionals from four states with diverse demographics, Edmunds, Martinson, and Goldberg (1990) suggest the following strategies:

1. Public awareness activities. Outreach activities should be developed in the appropriate language to target traditionally underserved populations. In some cases oral communication may be used, in addition to print media. Involvement of members of the cultural groups to be targeted, local programs serving these groups, and securing state support will facilitate reaching the target populations.

2. Active participation of cultural group members. Community leaders and other prominent members from different cultural groups should serve in an advisory capacity to identify the service needs of their community.

3. Recruitment and support of professionals with diverse backgrounds. There is a need for initiatives to increase the number of professionals from traditionally underrepresented populations in the early childhood field. Representatives from diverse groups should serve on advisory and policy making committees, and should be supported for taking a stand that better serves the interests of their community members.

4. Training service providers. Service providers should serve as a trustworthy resource for cultural communities, being aware of their own cultural background and sensitive to the needs of persons from different backgrounds. Furthermore, these professionals need to develop collaborative skills in order to work together with families and other service providers.

Some agencies and state departments of education have recommended guidelines for using culturally competent procedures for screening children from diverse cultural and linguistic backgrounds.

The Arizona State Department of Education (1992) developed a screening manual that covers critical issues related to screening children. Issues include: family-responsiveness, cultural/linguistic sensitivity, community-based screening, instrument selection, logistics, publicity, and follow-up/referral procedures. They suggest that information about the screening be posted in the native language of the community at public meetings, and that local professionals who are familiar with commu-

nity members participate in the screening. Families need to be informed about the screening process and tools used, and any adaptations in the use of tools need to be reported. Use of multiple data sources, such as interviews and observations, together with standardized tests, is recommended.

In a similar vein, Hanson and Lynch (1995) suggest that culturally competent screening should be consistent with the family beliefs, values, and language preferences of the participants. Furthermore, it should be conducted in settings that are frequented by families and in which they feel comfortable, and the screening should be conducted by people the family trusts.

In a document describing how to develop cultural competence in assessment and screening published by the National Early Childhood Technical Assistance System (NEC*TAS) and the Parent Advocacy Coalition for Educational Rights (PACER), a parent information and training center, Anderson and Goldberg (1991) suggest strategies that may be adopted by policymakers, parents, and professionals. These strategies were developed based on interviews with persons involved in early intervention services, a literature review, and the professional experiences of the staff at NEC*TAS and the PACER Center. Strategies were developed focusing on three target groups: policy makers, parents, and professionals.

Among the strategies for policymakers include the recommendations that policymakers familiarize themselves with the cultural groups within their jurisdiction area, communicate with the community leaders, and recruit members of these groups to serve on policy-making committees regarding screening and assessment. Anderson and Goldberg (1991) also recommend that professionals with diverse cultural and linguistic backgrounds be recruited and trained to serve in screening and assessment activities.

Recommendations so that parents can be self-advocates and receive culturally appropriate services included developing community supports, particularly with other parents, and knowing their rights regarding nondiscriminatory assessment. They also suggested that parents share information about their cultural background which will assist professionals in working with their child.

Policymakers familiarize themselves with the cultural groups within their jurisdiction area, communicate with the community leaders, and recruit members of these groups to serve on policy-making committees regarding screening and assessment.

Anderson and Goldberg (1991) advise professionals to individualize the screening based on the needs of the particular child and family, and to be flexible in their use of procedures and the time and place where the screening is conducted. Bilingual staff, translators, and interpreters should be used wherever needed. Above all, they note that it is extremely important to develop rapport and trust with the family being served.

RECOMMENDED PRACTICES RELATED TO CHILD FIND

Implications of this Literature Review

This literature review of culturally and linguistically appropriate services for young children in the areas of child find, screening, and tracking raises a number of implications for both research and practice. There is very little published literature on the topic, with few empirical studies investigating the effectiveness of the practices recommended in legislation or policy. Oftentimes, members of cultural and linguistic groups are not represented in developing guidelines for providing services for their community members (Bernstein & Stettner-Eaton, 1994). This raises questions about whether the best practices remain such within the context of the mainstream, dominant society which may have different resources, beliefs, and experiences from other groups.

There needs to be a focus on recruiting persons with diverse backgrounds to join the early childhood and special education fields, to advocate for children who are being under-identified or over-identified by the system which is largely comprised of European American, middle-class professionals.

This literature review reveals that several critical areas in the domain of early identification continue to be overlooked by available documents, articles, and resources. Technical assistance documents and sample guides put out by the state departments need to directly address issues related to cultural and linguistic diversity and include a policy statement in this regard, in the event that school districts or service agencies fail to develop culturally appropriate child find procedures. Furthermore, there is a legal requirement for developing appropriate child find services for traditionally underserved populations and their needs must be addressed.

Another area that has not been addressed in the literature relates to training personnel to provide culturally appropriate services. Although most documents recommend training, there is a need for model training programs that provide preservice and inservice training of early intervention professionals in culturally appropriate practice. Additionally, there needs to be a focus on recruiting persons with diverse backgrounds to join the early childhood and special education fields, to advocate for children who are being under-identified or over-identified by the system which is largely comprised of European American, middle-class professionals.

Nondiscriminatory assessment is an area of much debate and controversy. Developing screening tools that are normed on diverse populations is a likely focus area in the years to come. Alternate screening procedures might need to be used with young children from diverse backgrounds.

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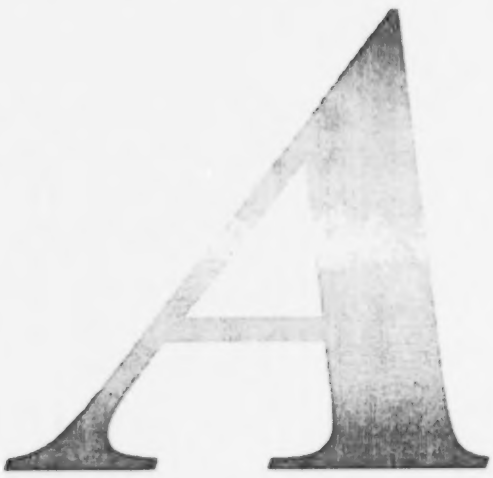

Annotated Bibliographies

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Bernstein, H.K., & Stettner-Eaton, B. (1994). Cultural inclusion in Part H: Systems development. Infant Toddler Intervention: A Transdisciplinary Journal, 4 (1), 1-10.

Summary

Bernstein and Stettner-Eaton (1994) discuss an interview study investigating the extent to which Interagency Coordinating Councils (ICC) across seven states in the United States work towards meeting the needs of culturally diverse and hard-to-reach groups within their constituencies. In keeping with the statutory requirement that arose as a modification of Individuals with Disabilities Education Act in 1991 (PL 102-119), all states must make efforts to reach populations that have typically not been involved in early intervention services. Reauthorization of the same act in 1993 mandates serving traditionally underserved groups within their local geographic areas. Traditionally underserved groups include families from culturally, ethnically, and linguistically diverse groups, families having a low income, and families residing in inner city or rural settings.

The researchers contacted the Part H coordinators from each of the seven states and asked them to refer other ICC members who represent urban, suburban, and rural areas and are knowledgeable about child find and public awareness programs. Thirty-five coordinators and council members were interviewed over the telephone to collect data about the cultural and linguistic composition of the ICCs, as well as the strategies adopted by the councils to reach and better serve hard-to-reach groups. While most councils reported having members from the dominant Euro-American, African American, and Hispanic ethnic groups, fewer councils reported having Native American members and members from migrant families. None of the council members interviewed, who represented the states of Colorado, Illinois, Kansas, North Carolina, Michigan, South Carolina, and Texas, reported having members of Asian and Amish groups on their councils. Parents, too, are often not included on councils due to the difficulties, such as high costs related to transportation and child care reimbursement, that are involved in securing their participation.

Strategies suggested by the interviewees included having ICC members serve as liaisons, establishing parent groups in the family's native language, carefully selecting the physical location of the meetings, seeking the participation of community leaders in securing community involvement, and enhancing public awareness of child find and early intervention activities. The authors develop the implications of these findings for policy makers, and make suggestions for areas of future research regarding the role and function of Interagency Coordinating Councils.

This article offers several constructive strategies that could be adopted by Councils across the United States to enhance provision of services to traditionally underserved groups. An important point, however, is the fact that the persons interviewed represented only seven states in the US, those that were in their fourth year of implementation of the Part H program. It is possible that the remaining states might have had different issues that impact their implementation or even prevent their participation in the Part H program.

Lequerica, M. (1995). A culturally sensitive approach to serving low-income Latino preschoolers. Infant Toddler Intervention: A Transdisciplinary Journal, 5 (2), 193-206.

Summary

Lequerica (1995) makes a case for coordinated programs to serve Latinos living in inner city, low income areas. She describes an outpatient pediatric clinic setting in the New Jersey area that provides detection, screening, referral, and follow-up of children with potential developmental problems. The project described works in two stages: the developmental screening stage, and the referral service phase.

Fifty-two mothers of preschool-aged children who were registered outpatients of the clinic participated in the study. Seventy percent of the mothers received public assistance, 60% spoke only Spanish, only 21% of the mothers finished high school, and 52% of the children came from single parent families. The mothers were interviewed regarding the home behaviors of the children. Additional diagnostic information about the children was obtained, resulting in a diagnostic impression of either moderate/severe delay, mild delay, or no delay. Once the screening was completed, professionals at the clinic worked to make culturally sensitive referrals. Children were either referred for full evaluations at the developmental unit of the hospital, or to preschool Head Start programs.

Family participation in early identification was facilitated in this particular setting using bilingual, bicultural professionals, who worked collaboratively with the families, informing them about the procedures, and even serving as the liaison between the clinic and the hospital or preschool. Several parents were not aware of the availability of services, and the professionals enhanced their awareness of available resources. Lequerica (1995) identifies three elements of the program that facilitated early identification: making on-the-spot referrals to the hospital setting, active involvement of the professionals who walked the families over to the hospital to initiate contacts, and using personal contacts to make families feel more comfortable with this otherwise difficult process.

Lequerica (1995) hails as salient the preventive focus of the program; its provision of combined services including health care and educational placement; the collaboration between the hospital, developmental, and educational settings; and the provision of culturally sensitive service delivery. Although the services families received after making their initial contact with the outpatient clinic seem suited to helping the family deal with the early intervention system, public awareness procedures to increase the numbers of families making the initial contact with the outpatient clinic are not mentioned in the article.

Solomon, R. (1995). Pediatricians and early intervention: Everything you need to know but are too busy to ask. Infants and Young Children, 7(3), 38-51.

Summary

Solomon (1995) provides a comprehensive overview of early intervention (EI) systems for children from birth to 3 years with developmental delays. To help physicians better understand EI systems and work with young children and families, he gives a thorough description of EI systems in five sections: (a) the benefit of EI to children and families, (b) the EI public laws, (c) child find activities, (d) referrals, and (e) providing information and helping families prepare for EI systems.

In the first section, Solomon (1995) addresses the effectiveness of EI for young children and families by reviewing research. In the second section, he explains the EI public laws including the components of IDEA, particularly Part H. The third section focuses on detailed information on child find activities consisting of assessment, screening, prescreening, and developmental surveillance. For each activity, a brief definition and a list of instruments that have been frequently used in the field of EI are provided. In order to help physicians elicit parents' concerns, Solomon summarizes interview questions on developmental surveillance. In addition, referral guidelines for children with speech delay and key elements of surveillance are summarized for pediatricians.

Tips and issues for making referrals are discussed in the fourth section. In this section, Solomon (1995) discusses experiences related to EI services that families and young children may have, different EI services available, Individualized Family Service Plan (IFSP), and physicians' roles in EI that the American Academy of Pediatrics (AAP) has recommended. Finally, in the fifth section, the author reviews four basic expectations for physicians to help families prepare for the EI systems.

R Resources

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Parent Guide to Early Intervention [Navajo Version/ Spanish Version/English Version]

[Audio]

Southwest Communications Resources

Summary

Designed for people from the Navajo tribe, this audiocassette explains early intervention services for infants and toddlers with disabilities. It addresses eligibility, referral, services, and parent participation. The information is presented in English, Spanish, and Navajo. The importance of early intervention is stressed.

Bibliographic Information

Southwest Communications Resources. Parent Guide to Early Intervention [Audiotape, Navajo Version/English Version] (1992). State of New Mexico Department of Health: Santa Fe, NM. (34 pages). Language: English, Navajo, Spanish

Availability

(Material is public domain)
State of New Mexico Department of Health • Long Term Services Division •
1190 St. Francis Drive • P.O. Box 26110 • Santa Fe, NM 87502 •
(505) 827-2575 *phone* • (505) 827-2455 *fax*

Producer Information

Intended User Audience: These materials were developed primarily for family members of children with or at risk for disabilities. Family members who are new to New Mexico's early intervention system will find these materials useful. The English version of these materials was developed for a universal population for whom English is the first language or who are proficient in English. The Spanish version of these materials was developed for a universal population for whom Spanish is the first language or who are proficient in Spanish. The Navajo version of these materials was developed for a universal population for whom Navajo is the first language or who are proficient in the Navajo language. These materials were developed primarily for use in the state of New Mexico.

Product Development: Individuals who assisted in the development of these materials include family members, administrators, service delivery personnel and faculty/ trainers. Members of the work group represent various cultural and linguistic groups. The Associated Translation Services in Las Cruces, New Mexico translated the parent handbook material in Spanish.

Producer Information (cont.)

Product Evaluation: Information regarding evaluation of these materials is not available. The New Mexico Department of Health was planning to revise and update these materials in 1999.

Product Dissemination: In 1998 approximately 10,000 copies of these materials had been distributed in New Mexico.

Alabama Early Intervention System

[Video]

Alabama Department of Rehabilitation Services

Summary

This video provides materials describing Alabama's early intervention system for infants and toddlers with disabilities. Included in the video are the following: (a) information on child identification and referral for children from birth to three; (b) material emphasizing the importance of parent participation in early intervention and membership on district coordinating councils; (c) information that describes how Alabama's early intervention system works, the different agencies that participate, the definition of developmental delay, and child find activities; (d) a series of presentations that explain child find, evaluation and assessment, the Individualized Family Service Plan, service coordination, and child and parent rights.

Bibliographic Information

Alabama Department of Rehabilitation Services. Alabama Early Intervention System [Video] (1993). Alabama Department of Rehabilitation Services: Montgomery, AL.
Language: English

Availability

May be ordered from:
Alabama Department of Rehabilitation Services • Department of Early Intervention • Box 11586 • 2129 E. South Building • Montgomery, AL 36111 •
(800) 543-3098 *phone*

Producer Information

Intended User Audience: There are a wide variety of intended user groups for this material, including parents and family members, service delivery personnel, service coordinators, faculty and trainers, administrators, and pre-service students. The primary audience, as stated in the abstract, are parents and family members, and it is also used for preservice and inservice personnel development. The developer intends for this material to be useful for personnel representing a wide variety of disciplines, including audiology, early intervention and early childhood special education, early childhood education, nursing, orientation and mobility, social work, family therapy, nutrition experts, physical and occupational therapists, psychologists, doctors, etc. The experience level of the users in regards to knowledge of early intervention services is intended to be at an introductory or beginning level. The material is intended to be for all cultural and linguistic groups who require or provide early intervention services.

Producer Information (cont.)

Product Development: The material was developed by state agency staff from Alabama's Early Intervention System. The material was developed by a Public Awareness Subcommittee from this agency, with the assistance of parents, service delivery personnel, faculty, and trainers. The developers were family members and public relations personnel, early childhood educators, nutrition experts, and early intervention and early childhood special education service delivery personnel. Cultural and linguistic groups who participated were described as being "family members within the statewide committee, agency staff."

Product Evaluation: No evaluation or field testing has occurred or is planned for this material.

Product Dissemination: Approximately, 25,000 copies of this material have been distributed statewide through direct service and program providers, service coordinators, and preservice and inservice personnel development coordinators.

Cada Paso Cuenta: Para Los Padres-Como Se Desarrolla Su Bebé: Desde El Nacimiento Hasta Los 5 Años [Every Step Counts: For Parents-How Your Child Develops Birth-5 Years: Spanish Version]

The Arizona Early Intervention Program

Summary

Designed for Spanish-speaking parents of children ages birth through 5, this publication details the developmental stages of children from 1 to 3 months, 3 to 6 months, 6 to 9 months, 9 to 12 months, 12 to 18 months, 18 to 24 months, 2 to 3 years, 3 to 4 years, and 4 to 5 years. In chart form, it describes actions of the child, strategies parents can use to encourage development, and developmental outcomes. Material is presented in Spanish.

Bibliographic Information

The Arizona Early Intervention Program. Cada Paso Cuenta: Para Los Padres- Como Se Desarrolla Su Bebé: Desde El Nacimiento Hasta Los 5 Años [Every Step Counts: For Parents-How your Child Develops Birth-5 Years: Spanish version] (1995). Arizona Department of Education: Phoenix, AZ. (28 pages). Languages: English, Spanish

Availability

May be ordered from:
Arizona Department of Education • Central Distribution Services •
1535 West Jefferson • Phoenix, AZ 85007 • (602) 542-3088 *phone*

Producer Information

Intended User Audience:This material is targeted to parents, preservice students, service providers, and paraprofessionals of all cultural groups and disciplines (e.g., social work, occupational therapy, early childhood education, early intervention/early childhood special education, and nursing). The Spanish version was targeted to persons fluent in Spanish. This material was developed by parents, service providers, faculty/trainers, and nurses. Disciplines included early childhood education, early intervention/early childhood special education, orientation and mobility, speech pathology, and medicine. While the specific cultural and linguistic groups of the developers is not available, individuals from the Arizona ICC had experience with Native American and Hispanic groups as well as local Head Start programs. A native of Chile worked on the Spanish translation (Don Juan Guerrero, 41 W. McClellan Blvd., Phoenix, AZ 85013, 602 241-9779). "He used a pristine form of Spanish that

Producer Information (cont.)

kept it dialect-free so it was understandable" regardless of the Spanish used by the reader. There have been "no complaints" about the translated version.

Product Development: This material was developed by parents, service providers, faculty/trainers, and nurses. Disciplines included early childhood education, early intervention/early childhood special education, orientation and mobility, speech pathology, and medicine.

Product Evaluation: The material was evaluated on a statewide level by parents, service providers, faculty/trainers, and early intervention/early childhood special education and early childhood education staff. Families of all cultures have taken part in the evaluation but specific information of the cultural and linguistic groups represented is not available. The ERIC Clearinghouse has further information about evaluation efforts.

Product Dissemination: To date, approximately 100,000 copies of this material have been disseminated throughout the United States. The specific groups targeted in dissemination efforts have been general practice physicians in Arizona, daycare and/or preschool programs in Arizona, all Arizona school districts, and Head Start programs.

Cung Nhau Khoi Dau: Tap Huong Dan ve Can Thiep Som cho Cac Gia Dinh [Starting Out Together: An Early Intervention Guide for Families - Vietnamese Version]

California's Early Start Program

Summary

This early intervention guide is written in Vietnamese, for California families of infants and toddlers who have, or are at risk for, disabilities or developmental delays, and who speak the Vietnamese language. It describes the Early Start program and discusses the importance of early identification and early intervention for infants and toddlers with special needs. Topics covered in the guide include: eligibility for early intervention; types of services provided; the delivery of services; referrals; Individualized Family Service Plans; parent participation; teamwork; and the Individuals with Disabilities Education Act. Legislative provisions are explained related to informed consent, prior written notice, review of records, confidentiality of records, and resolution of concerns. Strategies are provided for having successful meetings with professionals. The booklet closes with a glossary of relevant terms.

Bibliographic Information

Cung Nhau Khoi Dau: Tap Huong Dan ve Can Thiep Som cho Cac Gia Dinh [Starting Out Together: An Early Intervention Guide for Families - Vietnamese Version] (1997). California's Early Start Program: Sacramento, CA. (45 pages). Languages: English, Spanish, Vietnamese

Availability

May be ordered from:
California's Early Start Program • Early Start Resources • 429 J Street • Sacramento, CA 95814 • (800) 869-4337 *phone* • (916) 492-9995 *fax*

Producer Information

Intended User Audience: This guide was written for parents who may need assistance in finding and using early intervention services in the State of California. It provides information about the California Early Start Program for infants and toddlers with disabilities and their families.

Producer Information (cont.)

Product Development: Product development information is not available for this material.

Product Evaluation: Product evaluation information is not available for this material.

Product Dissemination: Product dissemination information is not available for this material.

Early Intervention Services for Your Young Child with Special Needs and Servicios de Intervención Temprana para Su Hijo Pequeño con Necesidades Especiales

[plus related parent material in English and Spanish]

Florida Department of Education

Summary

These booklets are for parents of Florida's infants and toddlers who have disabilities or who are developing slowly. It provides information on the following topics: (1) eligibility for early intervention services; (2) steps in planning early intervention services for your family; 3) development of a family support plan, guiding principles of the family support plan, contents of the family support plan, and steps in planning and carrying out your family support plan; (4) transition; (5) parents' records; (6) laws about early intervention services, the right to accept or decline services, the right to privacy, and the right to information; and (7) resolving complaints, mediation, and due process hearings. A glossary of special education terms is provided, along with a list of federal and state disability resources. Forms to help parents plan and review family support plan meetings are also included.

Parents' Educational Records/Registros Educativos de los Padres [English and Spanish]
These booklets of forms are for parents of Florida children who have disabilities. It is designed to help parents keep track of important information about their child and his or her education. Most of the forms in the booklet can be used for the regular Individualized Education Program (IEP) or Transition IEP meetings and activities. The forms cover one year of meetings and activities and relate to: (1) special education referral; (2) evaluation; (3) before eligibility staffing; (4) after eligibility staffing; (5) observations before IEP meetings; (6) observations before Transition IEP meetings; (7) IEP and Transition IEP meetings; (8) special programs; (9) IEP review; (10) re-evaluation; (11) independent evaluation; (12) other meetings; (13) school records; and (14) due process hearings.

For Parents of Florida's Exceptional Children.../Para los Padres de Estudiantes Especiales de la Florida...[English and Spanish]
These booklets are for parents of children in Florida who have special learning needs. It explains special education programs and services and student and parent rights. Chapter 1, "Educating Florida's Exceptional Students," discusses special education laws and steps in the special education process, including referral, evaluation, eligibility determination, development of the Individualized Education Program (IEP), parental consent, review of the IEP, and re-evaluation of the student. Chapter 2, "The Individualized Education Program," describes the different components of the IEP, how the IEP is written, parental involvement, and transition services. The following chapter, "Planning for Transition to Post-School Life", addresses transition services and student and parent participation in

Summary (cont.)

transition planning. Chapter 4, "Rights and Responsibilities," discusses due process, student rights, and how parents can work with schools to solve problems. The last chapter, "Resources and References," contains a parents' dictionary of special education terms, a list of reading materials for parents, excerpts from relevant laws, a list of resource organizations, and sample letters to schools requesting services.

Bibliographic Information

Florida Department of Education. Early Intervention Services for Your Young Child with Special Needs and Servicios de Intervención Temprana para Su Hijo Pequeño con Necesidades Especiales [plus related parent material in English and Spanish] (1996). Florida Department of Education: Tallahassee, FL. (40 pages). Languages: English, Spanish

Availability

May be ordered from:
Florida Department of Education • Division of Public Schools, Bureau of Student Services and Exceptional Education • Clearinghouse Information Center • Turlington Building, Room 628 • 325 West Gaines Street • Tallahassee, FL 32399 • (850) 488-1879 *phone* • (850) 487-2679 *fax* • duncana@mail.doe.state.fl.us *e-mail* • http://www.firn.edu/doe/commhome/pub-home.htm/ *web*

(Contact producer regarding current price for these materials)

Producer Information

User Audience: This material was developed for parents of children who are exceptional. The Spanish version is for both Cuban and Mexican families.

Product Development: This material was developed by parents/family members, service delivery personnel, administrators, and faculty/trainers (disciplines and linguistic/cultural groups of the developers are not provided). ACCESS Translation Services translated the materials into Spanish.

Product Evaluation: No formal or informal evaluation has been completed on this material. No field testing or plan for future field testing is underway at this time.

Product Dissemination: Approximately 25,000 copies of this material have been disseminated, mainly within the state of Florida.

Evaluation and Assessment in Early Childhood Special Education: Children Who are Culturally and Linguistically Diverse

Kristine Slentz
Gwen Lewis
Cathy Fromme
Debra Williams-Appleton

Summary
This manual is designed to provide procedures and resources for assessing children from birth through six years of age who are culturally and linguistically diverse. After defining basic terminology, the concepts of variability and disability are examined and contrasted in the context of family and culture. Differences between language acquisition and language disorders are identified. The pre-referral process is then examined in detail, including questions to consider when referring culturally and linguistically diverse children, guidelines for screening for language proficiency and language dominance, working with interpreters and translators, and a pre-referral checklist. Issues surrounding more involved stages of evaluation are then addressed, including the drawbacks of standardized testing and critical elements of professional judgement statements for students with limited English proficiency.

Bibliographic Information:
Kristine Slentz, Gwen Lewis, Cathy Fromme, Debra Williams-Appleton. Evaluation and Assessment in Early Childhood Special Education: Children Who are Culturally and Linguistically Diverse (1997). Washington Office of State Superintendent of Public Instruction: Olympia, WA. (69 pages). Language: English

Availability:
May be ordered from:
Washington Office of State Superintendent of Public Instruction •
Old Capitol Building • P.O. Box 47200 • Olympia, WA 98504 • (360) 753-6733 *phone*

Producer Information
Intended User Audience: The material is written primarily for professionals making special education eligibility and placement decisions. The language of the material is appropriate for professionals in the field. The booklet is intended to increase the number of appropriate referrals (as well as decrease the number of inappropriate referrals) to special education in the state of Washington. The intent is to provide procedural support to school psychologists, therapists, and other members of the

Producer Information (cont.)

evaluation team. This manual is intended for use with a universal population of professionals within the state of Washington for whom English is a first language or who are proficient in English.

Product Development: The faculty at Western Washington University developed the material, with support from staff at Seattle and Edmond School District, and state early childhood specialists, under federal funding from the Individuals with Disabilities Education Act.

Product Evaluation: This document was not formally field-tested. However, prior to publishing, it was reviewed and revised by approximately 30 individuals representing diverse professional backgrounds in early childhood special education including birth-to-three programs, preschools, and Head Start (European American - 80%, Asian American - 10%, Hispanic - 10%).

Product Dissemination: As of 1998, over 2,000 copies of the manual had been distributed. Orders came almost exclusively from within the state of Washington. Distribution of the manual to professionals mostly occurred through mailings to public schools, early intervention programs, and other interested parties.

Infants and Toddlers with Hearing Loss: Family Centered Assessment and Intervention- Part I

Jackson Roush (Ed.)
Noel D. Matkin (Ed.)

Summary

This book examines many of the issues affecting the delivery of family-centered early intervention services to young deaf and hard of hearing children and their families. Part I discusses the historical, philosophical, and legislative aspects of family-centered intervention, as well as how to evaluate the extent to which a program is family centered. Part II addresses programmatic and procedural considerations in the identification of hearing loss, and acoustic amplification and sensory aids for infants and toddlers.

Part III discusses strategies for enhancing interdisciplinary collaboration, and the philosophy, conceptual framework, and preparation of Individualized Family Service Plans (IFSPs). Two specific family-centered intervention approaches are also discussed: that used by the Colorado Home Intervention Program (CHIP) and its FAMILY Assessment model, and that of the Diagnostic Early Intervention Project (DEIP), developed in Omaha, Nebraska.

Part IV presents specific family-centered early intervention implementation models: The Mama Lere Home Intervention Program, Vanderbilt University; The Visiting Infant and Parent (VIP) Program, Clarke School for the Deaf (Massachusetts); SKI*HI (Utah); Early Childhood Home Instruction (ECHI) Program for Hearing Impaired Infants and Their Families, The University of Washington, (Seattle); Infant Hearing Resource (Portland, Oregon); and the Thayer Lindsley Family-Centered Nursery, Emerson College (Boston).

In conclusion, Part V discusses preparing for the future, including the preparation of early intervention personnel and advice from parents on strengthening family-professional relations. The book is indexed, and each chapter contains references.

Bibliographic Information

Jackson Roush (Ed.), Noel D. Matkin (Ed.). Infants and Toddlers with Hearing Loss: Family Centered Assessment and Intervention- Part I (1994). York Press, Inc.: Timonium, MD. (360 pages). Language: English

Availability

May be ordered from:
York Press, Inc. • P.O. Box 504 • Timonium, MD 21094 • (800) 962-2763 *phone* • (410) 560-6758 *fax*

Producer Information

Intended User Audience: This book is intended for professionals who work with deaf and hard of hearing children and their families. It is intended primarily for personnel in the fields of audiology, early childhood special education, speech pathology, and for those who are responsible for training those personnel. The level of experience with the topics in this book is intended to be beginning and introductory. The book is not intended for any specific cultural or linguistic group.

Product Development: Dr. Roush states that the purpose of the book is to provide general information regarding deaf and hard of hearing children and to outline how to involve families in their intervention plans. College level faculty primarily wrote the chapters in the book, and a parent wrote one chapter. The faculty represent the fields of early childhood special education, audiology, and speech pathology. None of the authors are themselves deaf or hard of hearing.

Product Evaluation: Not applicable.

Product Dissemination: Over 1,500 copies of this book had been sold as of May 4, 1999.

Multicultural Early Childhood Team Training: Infusing Cultural Competence in Early Childhood Programs: Trainers Guide

Nona Flynn
Eva K. Thorp
Kyppee White Evans
Cherie Takemoto

Summary

Intended to be used by parent and professional teams to train other parent and professional teams, this trainer's guide is designed to help teach parents and professionals how to improve services to diverse families of young children with special needs. It includes twelve modules that address: (1) culturally competent, family centered principles; (2) family find; (3) communication and partnerships; (4) areas of child development; (5) family centered assessment practices; (6) inclusive services; (7) Individualized Family Service Plans and Individualized Education Programs; (8) home visits; (9) facilitating transitions; (10) facilitating the process of becoming a family centered, culturally sensitive program; (11) developing an action plan; and (12) on-site follow-up consultation.

The guide is organized to make planning and delivery of training as easy as possible. Materials include a Module-at-a-Glance, listing activities, time frameworks, materials, and recommended preparations. In addition, each activity is described in depth, including transition statements to the next activity. Resource materials are provided for the preparation of mini-lectures, and masters for overheads are provided for duplications. The last module contains recruitment resources, including sample letters and interview protocols, as well as a guide for providing follow-up to teams.

Bibliographic Information

Nona Flynn, Eva K. Thorp, Kyppee White Evans, Cherie Takemoto. Multicultural Early Childhood Team Training: Infusing Cultural Competence in Early Childhood Programs: Trainers Guide (1998). The Parent Educational Advocacy Training Center (PEATC), George Mason University (GMU): Fairfax, VA. (210 pages). Language: English

Availability

May be ordered from:
The Parent Educational Advocacy Training Center (PEATC) •
George Mason University (GMU) • Multicultural Early Childhood Team Training •
George Mason University, MSN 1F2 • 4400 University Drive • Fairfax, VA 22030 •
(703) 993-3670 *phone* • http://chd.gse.gmu.edu/MECTT/ *web*

(Cost is for Participant Notebook and Trainer's Guide.)

Producer Information

Intended User Audience: Discipline: all personnel providing services to culturally, linguistically, and ability diverse young children and their families. Multicultural Early Childhood Team Training (MECTT) is intended for use by family/professional teams of trainers to be delivered to family/professional teams as participants. Ideally, trainers should be from different cultural, racial and ethnic backgrounds and should be familiar with their community.

Product Development: MECTT is a comprehensive training curriculum that prepares parent and professional teams to improve the services to diverse families of young children with special needs. A culturally diverse staff of parents and professionals representing both collaborating organizations developed the training materials. This project team/staff includes two co-directors, a project coordinator, a training coordinator, a bilingual outreach trainer, and a publication specialist.

Culturally diverse families make up about one-fourth of the families in the United States. In the Northern Virginia area of metropolitan Washington, early childhood programs are serving families from an array of cultures with over one hundred different languages or dialects spoken in homes. The Design Task Force, an advisory body, was organized to broaden the expertise of staff and include consumer input. Like the project staff, this was a culturally diverse group of educators, service providers and family members of children with disabilities. This body formed focus groups, review teams, and directly contributed to the content. The twenty-four members are

Producer Information (cont.)

listed/recognized as Project Contributors in the Trainer's Guide. These individuals brought the following cultural perspectives to the project: Anglo-European; Native American; African American; Latino; Asian; and Middle Eastern. Members are ongoing contributors.

Product Evaluation: The materials were evaluated at several regional sites in Virginia as well as multi-state sites. Evaluation is a continuous process and takes place at many different levels. What follows, shares some of the ways these materials have been evaluated over the years. First, let us say that individuals in the fields of early childhood special education, as well as diversity, use and evaluate these materials on an ongoing basis.

Consultants were especially helpful in the development and review/evaluation process. Dr. Eleanor Lynch is Professor and Chair of Special Education at San Diego State University. She is the co-author of *Developing Cross-Cultural Competence*. Dr. Larry Edelman is with the Department of Pediatrics, University of Colorado, Health and Science Center. He is also head of Edelman Training and Development Services, and a leader in the field of adult learning. Dr. Dennis Hunt is the Executive Director of the Center for Multicultural Human Services, and expert in the field of training and diversity. Karren Ikeda Wood is with the Department of Teacher Preparation and Special Education, Graduate School of Education and Human Development at George Washington University. She also serves as Adjunct Professor in the Graduate School of Education at George Mason University. Joan Melner serves as consultant and liaison with Zero to Three and the National Early Childhood Technical Assistance System, and advises the project relative to formatting, and production and marketing. This was a culturally diverse group of men and women, leaders in their field, bringing their disciplines and varied experiences to this project.

After the first field test, on-site follow-up meetings with parent/professional teams and program administrators were scheduled. This provided the opportunity to review plans, to discuss obstacles/barriers, and to problem-solve further strategies. Action plans and site visit reports are on file.

In January of 1997, and following the first Leadership Institute, we convened a group of training experts, which were asked to review the curriculum materials, for a special task force meeting. As always, this was a diverse group that included graduates of MECTT representing various parts of the Washington and Richmond metropolitan areas. This was a brainstorming meeting seeking the expertise, experience, and input from the task force relative to clarity and usefulness, and specific input regarding case studies and activities. In addition to the training materials, reviewers received several questions in hope of guiding them through the review process. As well as those in attendance, eight additional individuals received the same mailing.

Producer Information (cont.)

All information is kept on file and feedback used in updating the training materials. Finally, ongoing evaluation occurs as we receive immediate feedback from participants. In addition, follow-up telephone interviews have been conducted with all participants to date.

The project team believes in a cross-cultural representation as it relates to staff, consultants, advisory groups, evaluators, and participants. Our project includes the voice and involvement of the major cultural and ethnic groups making up the population not only in the Washington metropolitan area but also in the United States. With respect, we also believe that it might prove counterproductive to divide and count individuals in any one culture or group. Grant progress reports have all evaluations to date. Summative evaluations were available in the spring of 1999.

Product Dissemination: Hundreds. The project team has directly trained 246 participants, all receiving notebooks. In addition, all outreach sites are given camera-ready copies of the training materials to duplicate and use in training. These states have received MECCT training: District of Columbia, Illinois, Virginia (4 regions), Pennsylvania, Wisconsin, Maryland, and California. The leadership Institute extends outreach, through participation of leadership teams, to these additional states: North Carolina; Ohio; New Jersey; New Mexico; Washington; Kentucky; Montana; Indiana and Rhode Island.

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A Parent Handbook: The New Mexico Family Infant Toddler Program [English, Navajo, Spanish Versions]

Virginia Gillmer

Summary

This guide for parents of infants and toddlers with disabilities provides information on early intervention services for young children with special needs. It addresses early identification, coordination of services, evaluation, determination of capabilities, the Individualized Family Service Plan, early intervention services, transition planning, and the early intervention process. Answers are provided to the most frequently asked questions concerning early intervention, and parental rights are explained. A glossary of terms is provided.

Bibliographic Information

Virginia Gillmer. A Parent Handbook: The New Mexico Family Infant Toddler Program (1992). State of Mexico Department of Health: Santa Fe, NM. (34 pages). Languages: English, English/Navajo, Spanish

Availability

May be ordered from:
State of Mexico Department of Health • Long Term Services Division •
1190 St. Francis Drive • P.O. Box 26110 • Santa Fe, NM 87502 •
(505) 827-2575 *phone* • (505) 827-2455 *fax*

(This material is public domain.)

Producer Information

Intended User Audience: These materials were developed primarily for family members of children with or at risk for disabilities. Family members who are new to New Mexico's early intervention system will find these materials useful. The English version of these materials was developed for a universal population for whom English is the first language or who are proficient in English. The Spanish version of these materials was developed for a universal population for whom Spanish is the first language or who are proficient in Spanish. The Navajo version of these materials was developed for a universal population for whom Navajo is the first language or who are proficient in the Navajo language. These materials were developed primarily for use in the state of New Mexico.

Producer Information (cont.)

Product Development: Individuals who assisted in the development of these materials include family members, administrators, service delivery personnel, and faculty/trainers. Members of the work group represent various cultural and linguistic groups. The Associated Translation Services in Las Cruces, New Mexico translated the parent handbook material in Spanish.

Product Evaluation: No information is available regarding evaluation of these materials. The New Mexico Department of Health was planning on revising/updating these materials in 1999.

Product Dissemination: As of 1998, approximately 10,000 copies of these materials had been distributed in New Mexico.

Seven Steps for Obtaining Special Education Services From Your Local School District

The Arizona Early Intervention Program (Arizona Department of Education)

Summary

Designed for parents of young children with disabilities who are nearing their third birthday, this booklet describes the seven steps for transitioning a child to special education services through the local school district. Steps include the following: (a) referring your child to the local school about six months prior to your child's third birthday; (b) a transition conference to develop a plan to move your child from early intervention services into special education services at age 3; (c) the school gathers and reviews information about your child in seven areas: vision, hearing, cognitive development, physical development, communication development, adaptive development, and social and emotional development; (d) the school advises you of your rights; (e) the school evaluates your child and writes a report; (f) the school sets up a time with you for your child's Individualized Education Program conference; and (g) the local school district arranges for the special education placement. A glossary of relevant terms is provided.

Bibliographic Information

Arizona Early Intervention Program (Arizona Department of Education). Seven Steps for Obtaining Special Education Services From Your Local School District (1995). Arizona Early Intervention Program (AzEIP): Phoenix, AZ. (9 pages). Language: English

Availability

May be ordered from:
Arizona Early Intervention Program (AzEIP) • P.O. Box 6123 • Phoenix, AZ 85005 • (602) 542-5577 *phone*

(This material is available at no charge.)

Producer Information

Intended User Audience: This material is targeted to parents, preservice students, service providers, and paraprofessionals of all cultural groups and disciplines (e.g., social work, occupational therapy, early childhood education, early intervention/early childhood special education, and nursing) in Arizona. "Spanish literate audiences were also targeted since Arizona has a growing population of Hispanic families."

Producer Information (cont.)

Product Development: Parents, service providers, and administrators from early childhood education, and parents/family members developed this material. Information about the specific cultural and linguistic groups represented by the developers was not provided. The individuals who translated this material are "no longer accessible." Queries about this aspect of the material can be directed to Sandy Butler or Art Puig at the Arizona Early Intervention Program State Office (602 542-5577).

Product Evaluation: The material was evaluated on a statewide level by parents and service providers, and faculty/trainers in early childhood education and early intervention/early childhood special education. All families receiving early intervention services, as well as early interventionists and case managers, were asked for feedback. The only change to the material was "they refined the steps to clarify [transition] procedures." For further information, contact Sandy Butler or Art Puig.

Product Dissemination: This material has been disseminated in the state of Arizona. Additional dissemination has not been undertaken due to the material containing "Arizona specific information...[it] probably shouldn't be used unless someone wants a sample format to follow when developing a document on the same topic, early intervention to preschool transition." The total number of copies disseminated is not known.

Sieta Pasos Para Obtener Servicios de Educacion Especial en su Distrito Escolar [Seven Steps for Obtaining Special Education Services From Your Local School District - Spanish Version]

Programa de Temprana Intervención de Arizona (Arizona Early Intervention Program)

Summary

Designed for Spanish-speaking parents of young children with disabilities who are nearing their third birthday, this booklet describes the seven steps for transitioning a child to special education services through the local school district. Steps include the following: (a) refer your child to the local school about six months prior to your child's third birthday; (b) hold a transition conference to develop a plan to move your child from early intervention services into special education services at age 3; (c) the school will gather and review information about your child in seven areas: vision, hearing, cognitive development, physical development, communication development, adaptive development, and social and emotional development; (d) the school will advise you of your rights; (e) the school will evaluate your child and write a report; (f) the school will set up a time with you for your child's Individualized Education Program conference; and (g) the local school district will arrange for the special education placement. A glossary of relevant terms is provided. The material is presented in Spanish.

Bibliographic Information

Programa de Temprana Intervención de Arizona (Arizona Early Intervention Program). Sieta Pasos Para Obtener Servicios de Educacion Especial en su Distrito Escolar [Seven Steps for Obtaining Special Education Services From Your Local School District - Spanish Version] (1995). Arizona Early Intervention Program (Arizona Department of Education): Phoenix, AZ. (9 pages). Languages: Spanish and English

Availability

Arizona Early Intervention Program (Arizona Department of Education) • P.O. Box 6123 • Phoenix, AZ 85005 • (602) 542-5577 *phone*

Producer Information

Intended User Audience: This material is targeted to parents, preservice students, service providers, and paraprofessionals of all cultural groups and disciplines (e.g., social work, occupational therapy, early childhood education, early intervention/early childhood special education, and nursing) in Arizona. "Spanish literate audiences were also targeted since Arizona has a growing population of Hispanic families."

Product Development: This material was developed by parents, service providers, and administrators from early childhood education, and parents/family members. No information was provided about the specific cultural and linguistic groups represented by the developers. The individuals who translated this material are "no longer accessible." Queries about this aspect of the material can be directed to Sandy Butler or Art Puig at the Arizona Early Intervention Program State Office (602-542-5577).

Product Evaluation: The material was evaluated on a statewide level by parents and service providers, and faculty/trainers in early childhood education and early intervention/early childhood special education. All families receiving early intervention services as well as early interventionists and case managers were asked for feedback. The only change to the material was "they refined the steps to clarify [transition] procedures." For further information, contact Sandy Butler or Art Puig.

Product Dissemination: This material has been disseminated in the state of Arizona. Additional dissemination has not been undertaken due to the material containing "Arizona specific information…[it] probably shouldn't be used unless someone wants a sample format to follow when developing a document on the same topic, early intervention to preschool transition." The total number of copies disseminated is not known.

Un Manual para los Padres de Familia: El Programa del Niño y Su Familia del Estado de Nuevo Mexico [A Parent Handbook: The New Mexico Family Infant Toddler Program - Spanish Version]

Virginia Gillmer

Summary

This guide for Spanish-speaking parents of infants and toddlers with disabilities provides information on early intervention services for young children with special needs. It addresses early identification, coordination of services, evaluation, determination of capabilities, the Individualized Family Service Plan, early intervention services, transition planning, and the early intervention process. Answers are provided to the most frequently asked questions concerning early intervention, and parental rights are explained. A glossary of terms is provided.

Bibliographic Information

Virginia Gillmer. Un Manual para los Padres de Familia: El Programa del Niño y Su Familia del Estado de Nuevo Mexico [A Parent Handbook: The New Mexico Family Infant Toddler Program - Spanish Version] (1992). State of New Mexico Department of Health: Santa Fe, NM. (34 pages). Languages: English, English/Navajo, Spanish

Availability

May be ordered from:
State of New Mexico Department of Health • Long Term Services Division •
1190 St. Francis Drive • P.O. Box 26110 • Santa Fe, NM 87502 •
(505) 827-2575 *phone* • (505) 827-2455 *fax*

(This material is public domain.)

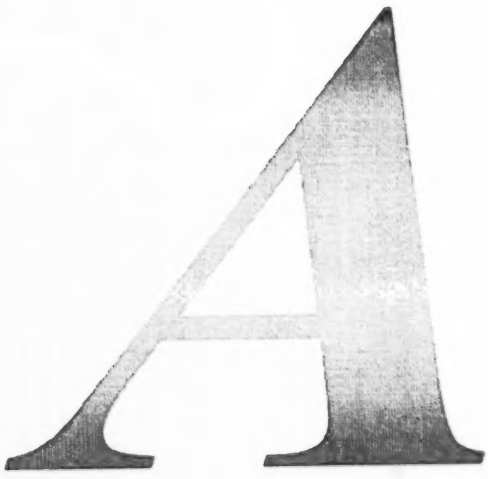
Producer Information

Intended User Audience: These materials were developed primarily for family members of children with or at risk for disabilities. Family members who are new to New Mexico's early intervention system will find these materials useful. The English version of these materials was developed for a universal population for whom English is the first language or who are proficient in English. The Spanish version of these materials was developed for a universal population for whom Spanish is the first language or who are proficient in Spanish. The Navajo version of these materials was developed for a universal population for whom Navajo is the first language or who are proficient in the Navajo language. These materials were developed primarily for use in the state of New Mexico.

Producer Information (cont.)

Product Development: Individuals who assisted in the development of these materials include family members, administrators, service delivery personnel and faculty/ trainers. Members of the work group represent various cultural and linguistic groups. The Associated Translation Services in Las Cruces, New Mexico translated the parent handbook material in Spanish.

Product Evaluation: Information regarding evaluation of these materials is not available. The New Mexico Department of Health is planning on revising and updating these materials in 1999.



About C·L·A·S

About the CLAS Early Childhood Research Institute

Early Childhood Research Institute on Culturally and Linguistically Appropriate Services

University of Illinois at Urbana-Champaign
The Council for Exceptional Children
University of Wisconsin-Milwaukee
ERIC Clearinghouse on Elementary and Early Childhood Education
ERIC Clearinghouse on Disabilities and Gifted Education

Overview

The Early Childhood Research Institute on Culturally and Linguistically Appropriate Services (CLAS) is a federally-funded collaborative effort of the University of Illinois at Urbana-Champaign, The Council for Exceptional Children, the University of Wisconsin-Milwaukee, the ERIC Clearinghouse on Elementary and Early Childhood Education, and the ERIC Clearinghouse on Disabilities and Gifted Education. The CLAS Institute is funded by the Office of Special Education Programs of the U.S. Department of Education.

The CLAS Institute identifies, evaluates, and promotes effective and appropriate early intervention practices and preschool practices that are sensitive and respectful to children and families from culturally and linguistically diverse backgrounds. CLAS has several basic assumptions which define and guide its work. CLAS' goals are outlined below, as well as some of the issues and concerns important to our work. Finally, a brief overview is included about the outcomes we anticipate accomplishing by the end of this project.

Assumptions

We adhere to the following fundamental beliefs in our research, training and dissemination activities:

Assumptions About Culture and Language:

1. Individuals and families are members of multiple cultures.
2. Cultures are multi-faceted and dynamic.
3. Multilingualism is an asset.
4. A solid foundation in one's primary language contributes to acquisition of a second language.
5. Cultural competence is a process entailing lifelong learning.

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ABOUT THE CLAS INSTITUTE

6. Many people have not had an equal voice, equal representation or equal access to health and education services. We recognize that institutional racism continues and will address issues of access and equity in the search, review, and dissemination of materials.
7. Beliefs and attitudes about culture and language shape outcomes; positive beliefs contribute to inclusiveness; negative beliefs undermine it.

Assumptions About the Work of the Institute:

1. Culturally and linguistically diverse practitioners and families will be involved in the work of the Institute as advisors, reviewers, and evaluators.
2. Materials will reflect the intersection of culture and language, disabilities and child development.
3. A range of strategies or approaches will be identified from which practitioners, families, and researchers can make an informed selection of practices or materials. In our dissemination of reviewed materials, we will not advise or prescribe solutions but will facilitate better questions regarding material selection.
4. Products will be "user amorous" and our evaluation will in part focus on the usability and impact of these products.

The work of the Institute is complex, challenging, and developmental in nature.

Goals

The CLAS Institute identifies, collects, reviews, catalogs, abstracts, and describes materials and practices developed for children and families from culturally and linguistically diverse backgrounds, and professionals who work with them. In the latter years of this five-year Institute, CLAS will identify gaps in existing materials and practices, prepare translations of a limited number of materials, and pilot-test a limited number of promising materials to ensure that effective early intervention practices are available to families and service providers who work with them. CLAS will:

1. Create a resource bank and catalog of validated culturally and linguistically appropriate materials, and of documented effective strategies, for early intervention and preschool services.
2. Conduct a review of materials by experts in the fields of early childhood education, early intervention/early childhood special education, and in multicultural education, considering issues not only of effectiveness but also of social, cultural, and linguistic acceptability to children and families from culturally and linguistically diverse backgrounds.
3. Evaluate and validate selected materials through field testing of the materials with culturally and linguistically diverse backgrounds.
4. Disseminate reviewed materials and practices that meet the dual criteria of (1) effectiveness and (2) cultural and linguistic appropriateness for all relevant stakeholders.

About the Authors

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For more information on the CLAS Early Childhood Research Institute ...

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CLAS Technical Report Topics:

Child Assessment
Child Find
Cross-Cultural Considerations
- CLAS Mission
- Cross-Cultural Communication
- Cross-Cultural Conceptions of Child-Rearing
- Cultural Definitions and Issues
- View of Disability

Deaf Parents and Their Hearing Children
Family Information Gathering
Family Support Services
Helping Relationships and Service Utilization
Motor Skills Interventions
Parent-Infant Interaction
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IDEAs that Work

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